



*Empowering St. Mary's Youth*

St. Mary's County Teen Court  
Department of Aging & Human Services  
301.475.4200 x1852  
301.475.4268 (fax)  
teencourt@stmarysmd.com

# St. Mary's County Teen Court

## VICTIM INFORMATION SHEET

If you are the victim of a juvenile delinquent act, you should know about the St. Mary's County Teen Court Program.

### CASE SELECTION

After a police officer charges a juvenile (youth under 18 years of age) with a delinquent act against your person or property, the police report is sent to the St. Mary's County Sheriff's Records Office. The Teen Court Coordinator reviews these reports and if the juvenile meets the strict criteria for participation in the Teen Court Program, the case is tentatively diverted from the typical formal process through the Maryland Department of Juvenile Services (DJS).

### INTAKE PROCESS

After the case is identified by the Teen Court Coordinator it is next screened by the Department of Juvenile Services for eligibility according to their records. If acceptable, the Coordinator then schedules an intake meeting with the youth and his/her parents/guardian to discuss the incident in detail and schedules a Teen Court hearing date. Any identified victims of the crime are contacted

### RESITITUTION

The victim of a delinquent act by a child may seek restitution against the child in any case in which the child has committed a delinquent act and during or as a result of the commission of that delinquent act has:

- (a) stolen, damaged, destroyed, converted, unlawfully obtained, or substantially decreased the value of the property of another.

Restitution would be those documentable unreimbursed expenses for the value of property lost or destroyed, if items were stolen and not recovered or destroyed. Restitution for property damaged would be for any documentable unreimbursed expenses for repairs required to restore your property.

### COURT HEARING

Teen Court sessions take place at the St. Mary's County Courthouse in Leonardtown the second and fourth Mondays of each month where the case would be heard by a jury of the juvenile's peers. Based on the facts of the case (police report, victim impact statement, and testimony), the jurors will determine the appropriate sanctions, which could include such things as community service, future jury duty sessions, letters of apology, counseling, research essays and/or anything else the jury feels is appropriate for the specific situation of the respondent. The youth has 90 days to complete the sanctions, during which time they are on probation through the Teen Court Program. If the juvenile does not complete the sanctions or violates Teen Court policies, he/she will be removed from the Teen Court Program and the case forwarded to the Maryland Department of Juvenile Services for formal processing.

## **POST HEARING**

Following the hearing the respondent and their parent(s) meet with a Teen Court representative who will explain in detail the sanctions that have been imposed by the Teen Court Jury. Formal paperwork would be completed establishing the ninety (90) day probationary period during which time all sanctions will have to be completed. During this probationary period the respondent will have to keep in touch with the Teen Court Office as well as attending future Teen Court sessions as a juror for the number of times imposed by the jury.

## **CASE CLOSE-OUT**

Upon successful completion of all of the sanctions imposed by the Teen Court Jury, the respondent and their parent(s) meet again with the Teen Court Coordinator for a close-out session where the completed sanctions are once again reviewed and the respondent interviewed. Upon verification of the completion of all the program requirements, the case is formally closed.



# St. Mary's County Teen Court

## Victim Impact and Restitution Statement

St. Mary's County Teen Court  
Department of Aging & Human Services  
PO Box 653  
Leonardtown, MD 20650  
301-475-4200 X1852  
301-475-4268 (fax)  
Teencourt@stmarysmd.com

Your support of the Teen Court Program by completing this form is appreciated. Part I of this form is general information. Part II is your opportunity to state whether you would like to be present at the Teen Court hearing. Part III is a Restitution Statement which identifies any outstanding documentable unreimbursed losses and/or damages you may have suffered as a result of the subject crime. Part IV is an opportunity to provide the Teen Court Jury with a statement of the relevant impacts the crime has had on you.

**Please print or type all requested information. Please return this packet in person, by fax, or by mail no later than \_\_\_\_\_. If no response is received by this date, victim impact and restitution will be considered waived and the case will be adjudicated by the Teen Court.**

STATE OF MARYLAND v \_\_\_\_\_ (Court date) \_\_\_\_\_

### Part I - General Information

Name of person completing this form: \_\_\_\_\_

Your mailing address: \_\_\_\_\_

Your home phone number: \_\_\_\_\_ Your work phone: \_\_\_\_\_

\* \* \* \* \*

Name of victim: \_\_\_\_\_

Victim mailing address: \_\_\_\_\_

Victim home phone number: \_\_\_\_\_ Victim work phone: \_\_\_\_\_

The following information is requested for anonymous statistical reporting purposes only:

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Marital Status: \_\_\_\_\_

### Part II – Attendance at Teen Court Hearing

**PLEASE CHECK ONE OF THE FOLLOWING** (Teen Court is held in the District Court in the Carter Building across from the Governmental Center in Leonardtown):

\_\_\_\_\_ I would like to be present for the Teen Court proceedings and be called as a witness.

\_\_\_\_\_ I would like to be present for the Teen Court proceedings and understand that I will not be called as a witness, but that I may submit to the Teen Court Coordinator, in advance, the attached Victim Impact Statement (Part IV) which will be presented to the Teen Court Jury.

\_\_\_\_\_ I will be unable to be present for the Teen Court proceedings and I would like my attached Victim Impact Statement (Part IV) presented to the Teen Court Jury.

\_\_\_\_\_ I do not wish to be present for the Teen Court proceedings and I do not wish to make any statement.

Teen Court Case # \_\_\_\_\_

STATE OF MARYLAND v \_\_\_\_\_

### Part III - RESTITUTION STATEMENT

The victim of a delinquent act by a child may seek restitution against the child in any case in which the child has committed a delinquent act and during or as a result of the commission of that delinquent act has:

- (a) stolen, damaged, destroyed, converted, unlawfully obtained, or substantially decreased the value of the property of another.

Restitution would be those documentable unreimbursed expenses for the value of property lost or destroyed, if items were stolen and not recovered or destroyed. Restitution for property damaged would be for any documentable unreimbursed expenses for repairs required to restore your property.

PLEASE CHECK ONE OF THE FOLLOWING:

\_\_\_\_\_ The victim is **NOT** seeking restitution in this case. I understand that I am waiving any subsequent claims for restitution associated with this case.

\_\_\_\_\_ Any restitution issues have been **satisfactorily resolved** and the case can proceed to be heard by the Teen Court.

\_\_\_\_\_ The victim **IS** seeking restitution in this case. Please complete Attachment 1 (Restitution Detail) and return along with associated documentation with this statement.

Teen Court Case # \_\_\_\_\_

STATE OF MARYLAND v \_\_\_\_\_

Victim Name: \_\_\_\_\_

## PART IV – VICTIM IMPACT STATEMENT

The Victim Impact Statement allows you the opportunity to provide information to the Teen Jury concerning this crime's impact on your life. Please do NOT repeat the facts surrounding the case. In formulating your statement, consideration of the following questions may prove helpful:

1. Have any changes in your life occurred as a result of this incident?
2. How did being a crime victim affect you? Your family?
3. Are there any lasting effects of this incident still being experienced by you or other members of your family?
4. Do you have an opinion regarding the sentencing of which the Teen Jury should impose?

Use the remainder of this sheet to formulate your statement. Attach additional pages as needed.

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.....  
Signature of person completing this form and/or victim: \_\_\_\_\_

Date: \_\_\_\_\_

Should you have any questions please contact the St. Mary's County Teen Court Coordinator at 301-475-4200 X1852.  
Please return this form in person, by fax, or via mail. Use the address or fax number at the top of this packet.

Teen Court Case # \_\_\_\_\_

### Attachment 1 (Restitution Detail)

*The victim of a delinquent act by a child may seek restitution against the child in any case in which the child has committed a delinquent act and during or as a result of the commission of that delinquent act has:*

(a) *stolen, damaged, destroyed, converted, unlawfully obtained, or substantially decreased the value of the property of another.*

*Restitution would be those documentable unreimbursed expenses for the value of property lost or destroyed, if items were stolen and not recovered or destroyed. Restitution for property damaged would be for any documentable unreimbursed expenses for repairs required to restore your property.*

.....

Victim's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_

#### 1. PROPERTY LOSS

\*\*\* (a) Value of Property Lost or Destroyed \$ \_\_\_\_\_

\*\*\* (b) Repair Costs of Property Damaged \$ \_\_\_\_\_

TOTAL LOSS (a + b) \$ \_\_\_\_\_

#### 2. REIMBURSEMENT RECEIVED

(a) Property Insurance \$ \_\_\_\_\_  
Claim Number \_\_\_\_\_  
Name of Company \_\_\_\_\_  
Address \_\_\_\_\_  
Agent \_\_\_\_\_  
Phone Number \_\_\_\_\_

(b) Other Reimbursement \$ \_\_\_\_\_

TOTAL REIMBURSEMENT (a + b) \$ \_\_\_\_\_

3.. TOTAL PROPERTY LOSS NOT REIMBURSED (1 minus 2) \$ \_\_\_\_\_

4.. RESTITUTION CLAIMED IN THIS CASE \$ \_\_\_\_\_

\*\*\* Information MUST be supported by receipts or written estimates for property loss expenses. Information not received in this manner may not be considered for restitution. All insurance information must be provided before restitution will be considered. Signature below authorizes the St. Mary's Teen Court Program to contact the identified property insurance company for claim verification purposes.

PLEASE RESPOND BY THE DUE DATE OR WE MAY NOT BE ABLE TO COMPENSATE YOUR LOSSES DUE TO THE CASE HAVING ALREADY BEEN DISPOSED OF BEFORE THE TEEN COURT.

Claimant Signature: \_\_\_\_\_

Date: \_\_\_\_\_